

Data notes for Opioid dashboards

Prescription Monitoring Program Data

Opioid prescribing data comes from the Prescription Monitoring Program (PMP) at the Washington State Department of Health. The PMP collects dispensing records for controlled substance prescriptions (i.e. schedule II-V drugs) in WA state. Prescriptions excluded from PMP include those dispensed outside of WA state, those prescribed for less than or equal to 24 hours, those administered or given to a patient in the hospital, and those dispensed from a Department of Corrections pharmacy (unless an offender is released with a prescription), an Opioid Treatment Program, and some federally operated pharmacies (Indian Health Services and Veterans Affairs report voluntarily).

The PMP metrics presented here were developed based on recommendations from the Bree Collaborative: <http://www.breecollaborative.org/topic-areas/opioid/>.

Tramadol was scheduled as a schedule IV drug in August 2014, and hydrocodone was rescheduled (from III to II) in October 2014. Changes in drug scheduling may result in an increase or decrease in dispensing and may not represent a true change. Buprenorphine prescriptions were excluded in the calculation of these metrics. Small differences in counts and rates presented here may differ from other published PMP reports. PMP data changes as dispensers correct, amend, or resubmit data while the data presented here were created at one point in time.

Additional notes on the metrics presented:

Patients with High-Dose Chronic Opioid Prescriptions:

Days' supply, reported by the dispenser, refers to the estimated number of days the prescription will last. Morphine Milligram Equivalents (MME) per day refers to the standardization of the strength of an opioid, and is calculated by dividing the total MME dispensed during a quarter by the number of days in the quarter. Total MME is calculated as the (strength per unit)*(quantity)*(MME Factor). The MME Factor, obtained from a National Drug Code Directory at <http://www.pdmpassist.org> converts non-morphine opioids to the number of milligrams of morphine the drugs would be equivalent. Dosing thresholds of ≥ 50 , ≥ 90 and ≥ 120 MME/day were selected based on opioid prescribing guidelines from the CDC <http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf> and the WA State Agency Medical Directors' Group: <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>. Please note these are not mutually exclusive categories and as such cannot be added together to produce a total number of high-dose prescriptions.

Patients with Concurrent Opioid and Sedative Prescriptions:

Sedatives include: Alprazolam, Midazolam, Secobarbital, Chlordiazepoxide, Oxazepam, Carisoprodol, Clonazepam, Quazepam, Chloral Hydrate, Clorazepate, Temazepam, Eszopiclone, Diazepam, Triazolam, Meprobamate, Estazolam, Butabarbital, Suvorexant, Flumazenil, Butalbital, Zaleplon, Flurazepam, Mephobarbital, Zolpidem, Lorazepam, and Phenobarbital.

Patients with New Opioid Prescriptions by Days' Supply:

The unit of measure is the percent of patients with a new opioid prescription per calendar quarter.

Further information on collection and management of PMP data at DOH can be found on the PMP Website: <http://www.doh.wa.gov/pmp/data>

Drug Overdose Data

Drug overdose data shown here comes from death certificates using the ICD-10 codes (International Statistical Classification of Diseases and Related Health Problems) and are based on CDC definitions. Drug overdose deaths can involve multiple drugs. Therefore the rates are based on the presence of the drug and an overdose involving heroin and fentanyl (for example) would be counted as both an overdose involving heroin and an overdose involving a synthetic opioid (other than methadone).

Drugs shown here include all drugs combined and opioids (all opioids, prescription opioids, heroin and synthetic opioids, not including methadone). Synthetic opioids include fentanyl and tramadol. The prescription opioid category does not necessarily indicate that the medication was taken for medical reasons.

The data show rates per 100,000 people in order to standardize between areas with different population levels. The rates are age-adjusted in order to make comparisons between areas (counties or ACHs) which have different age distributions. All the cases are Washington residents, and residents of the county and/or the ACH mentioned.

For further information on the Injury and Violence Prevention Program at DOH please follow this link: <https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention>

Drug Overdose Classification Notes

A. Fatal Drug Overdose

Overdose deaths are classified using the International Classification of Diseases, tenth revision (ICD-10)

1. All drugs overdose combined

Deaths with the following ICD-10 codes as the underlying cause of death:

- X40-X44: Accidental poisonings by drugs
- X60-X64: Intentional self-poisoning by drugs
- X85: Assault by drug poisoning
- Y10-Y14: Drug poisoning of undetermined intent

2. Selected drug categories

Drug overdose defined above (1) with the specific multiple-cause-of-death defined below each of the following specified drugs.

a. Any Opioid

- T40.0: Opium
- T40.1: Heroin
- T40.2: Natural and semi-synthetic opioids
- T40.3: Methadone
- T40.4: Synthetic opioids, other than methadone
- T40.6: Other and unspecified narcotics

b. Heroin

- T40.1

c. Prescription opioid

This group includes also illicit manufactured fentanyl and fentanyl analogs as well as prescription fentanyl.

- T40.2: Natural and semi-synthetic opioids
- T40.3: Methadone
- T40.4: Synthetic opioids, other than methadone

d. Synthetic opioids, other than methadone. Synthetic opioids include fentanyl and tramadol.

- T40.4